

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>M. G.</i>		10/3/00
O.I.P.E. CLASSIFIER	<i>DM</i>	32	10/11/00
FORMALITY REVIEW	<i>H-S</i>	50866-	11-09-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected	N Non-elected
= Allowed	I Interference
-	(Through numeral)..... Canceled	A Appeal
÷ Restricted	O Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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